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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- I. assistance in locating respite care and special needs day care, and assistance in obtaining potential financial resources, including federal assistance;
- J. medication monitoring;
- K. family community support services not provided by a county board or eligible provider under contract to a county board;
- L. family community support services simultaneously provided by more than one mental health professional or practitioner unless prior authorization is obtained; or
- M. family community support services to a child or the child's family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except up to 60 hours of day treatment services within a six-month period provided concurrently with family community support services to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
  - 1. being phased out of day treatment services and phased into family community support services; or
  - 2. being phased into day treatment services and the family community support services and day treatment services are identified with the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

N. Family community support services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient.

5. **Therapeutic support of foster care services** for children are the mental health training and support services and clinical supervision provided by mental health professionals or mental health practitioners to foster families caring for a child to provide a therapeutic family environment and support the child's improved functioning. For purposes of item 4.b., a child eligible for therapeutic support of foster care means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance, (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 17a, items A-D for **professional home-based mental health services**. The number of foster children in a family receiving therapeutic support of foster care cannot exceed two, unless otherwise approved by the Department.

The diagnostic assessment must have determined that the child meets the functional criteria noted above and is in need of therapeutic support of foster care.

The services are for the purposes of enabling a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services, or to reunify and reintegrate the child with the child's family after out-of-home placement.

The entities eligible to provide therapeutic support of foster care services are the same as those for **family community support services**, page 17j. These entities provide therapeutic support of foster care services primarily in the child's foster home, but may also provide them in the settings provided for on page

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

17b for **professional home-based mental health services**, and where the child works.

A provider of therapeutic support of foster care must meet the qualifications in items A to E, below:

- A. the provider must be skilled in the delivery of therapeutic support services to foster families caring for children with severe emotional disturbance. Mental health practitioners must receive 20 hours of continuing training every two years. The topics covered must conform to those listed in State rules governing training for family community support services.
- B. mental health practitioners cannot have caseload sizes of more than eight children.
- C. if the county board has not done so, the provider must provide or assist the child or the child's family in arranging mental health crisis services for the child and the child's foster family which must be available 24 hours per day, seven days a week.
- D. the provider must submit a letter to the Department before providing therapeutic support of foster care services, assuring that the agency with which it contracts has adequate capacity to recruit mental health professionals and practitioners to provide such services.
- E. the provider must ensure that therapeutic support of foster care services are given in a manner is consistent with national core values for foster care treatment.

A provider of therapeutic support of foster care services must be capable of providing all of the components specified in items A-C on pages 17b-17c for **professional home-based mental health services**.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Payment is limited to the above components, plus time spent traveling to and from the site where therapeutic support of foster care services are provided, up to 128 hours of travel per client in any consecutive six month period. These limits apply on a calendar year basis as well. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Additional travel hours may be approved as medically necessary with prior authorization.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour during the first 12 hours. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through J below are **not** eligible for MA payment:

- A. therapeutic support of foster care provided to a foster family with a child who at the time of the service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, has not had a diagnostic assessment to determine if the person has a serious and persistent mental illness), except that the first 30 hours of therapeutic support of foster care services provided to a foster family with a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a serious and persistent mental illness) at the time services began is eligible for MA payment;

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- B. more than 192 hours of individual, family, or group skills training within any consecutive six-month period. The 192-hour limit may not be exceeded during any calendar year unless prior authorization is obtained.
- C. more than a combined total of 48 hours within any consecutive six-month period of individual, family, group, and multiple-family group psychotherapy. The 48-hour limit may not be exceeded during any calendar year, except in the case of an emergency if prior authorization or after-the-fact authorization of the psychotherapy is obtained;
- D. therapeutic support of foster care services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within any consecutive six-month period. Additional therapeutic support of foster care beyond 240 hours are eligible for MA payment with prior authorization;
- E. psychotherapy provided by a person who is not a mental health professional;
- F. individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
- G. therapeutic support of foster care provided by a county board or provider under contract to a county board, if the county board or provider is not capable of providing all the components noted on page 17q;
- H. therapeutic support of foster care simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;
- I. therapeutic support of foster care to a foster family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
  - a. being phased out of day treatment services and phased into therapeutic support of foster care; or
  - b. being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

2. if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for MA payment during the period the child receives therapeutic support of foster care.

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to outpatient psychotherapy services and to coordinate the child's mental health services.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

J. Services provided to the foster family that are not directed exclusively to the treatment of the recipient.

6. **Services provided to recipients with severe emotional disturbance residing in a children's residential treatment facility** are limited to:

- A. Intake, treatment planning and support. This includes developing, monitoring and revising the treatment plan, recording the recipient's medical history, providing a basic health screening and referring for health services if necessary, assisting in implementing health regimes, medication administration and monitoring, coordinating home visits when consistent with treatment plan goals, coordinating discharge and referral for aftercare services, and travel and paperwork related to intake, treatment planning and support.
- B. Psychological examinations, case consultation, individual and group psychotherapy, and counseling. It includes testing necessary to make these assessments.
- C. Skills development. This means therapeutic activities designed to restore developmentally appropriate functioning in social, recreational, and daily living skills. It includes structured individual and group skills building activities. It also includes observing the recipient at play and in social situations, and performing daily living activities and engaging in on-the-spot intervention and redirection of the recipient's behavior consistent with treatment goals and age-appropriate functioning.
- D. Family psychotherapy and skills training designed to improve the basic functioning of the recipient and the recipient's family in the activities of daily and community living, and to improve the social functioning of the recipient and the recipient's family in areas important to the recipient's maintaining or re-establishing residency in the community. This includes assessing the recipient's behavior and the family's behavior to the recipient, activities to assist the family in improving its understanding of normal child

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

development and use of parenting skills to help the recipient achieve the goals of the treatment plan, and promoting family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization. Family psychotherapy and skills training is directed exclusively to treatment of the recipient.

Covered services are:

- A. Provided pursuant to an individual treatment plan based on recipients' clinical needs;
- B. Developed with assistance from recipients' families or legal representatives; and
- C. Supervised by a mental health professional.

7. Personal care services identified in an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) and provided by school districts to children during the school day.

- The services must meet all the requirements otherwise applicable under item 26 of this Attachment if the service had been provided by a qualified, enrolled provider other than a school district, with the following exceptions:
  - A. a personal care assistant does not have to meet the requirements of page 76-76a and need not be an employee of a personal care provider organizations;
  - B. assessments, reassessments and service updates are not required;
  - C. Department prior authorization is not required;
  - D. a physician need not review the IEP;
  - E. a personal care assistant is supervised by a registered nurse, public health nurse, school nurse, occupational therapist, physical therapist, or speech pathologist;
  - F. service limits as described in this item do not apply;



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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

G. PCA Choice is not an option;

H. only the following services are covered:

- 1) bowel and bladder care;
- 2) range of motion and muscle strengthening exercises;
- 3) transfers and ambulation;
- 4) turning and positioning;
- 5) application and maintenance of prosthetics and orthotics;
- 6) dressings or undressing;
- 7) assistance with eating, nutrition and diet activities;
- 8) redirection, monitoring, observation and intervention for behavior; and
- 9) assisting, monitoring, or prompting the recipient to complete the services in subitems 1) through 8).

- To receive personal care services, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.
- School districts must secure informed consent to bill for personal care services. For the purposes of this item, "informed consent" means a written agreement, or an agreement as documented in the record, by a recipient or responsible party in accordance with Minnesota Statutes, section 13.05, subdivision 4, paragraph (d) and Minnesota Statutes, section 256B.77, subdivision 2, paragraph (p).

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13.d. Rehabilitative services. (continued)

- (2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

**EPSDT rehabilitative services identified in an Individualized Education Plan** and provided to ~~handicapped~~ children with IEPs during the school day.

Covered services include speech, language ~~pathology~~ and ~~audiology~~ hearing therapy services, ~~psychological~~ mental health services, physical and occupational therapy, ~~medical counseling and services for diagnostic and evaluation purposes, private duty nursing and personal care services,~~ assistive technology devices, and nursing services ~~which that~~ are essential and adjunctive to the above services, such as catheterization, suctioning, tube feedings, medication administration and ventilator care. The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: medical necessity, ~~physician's orders,~~ documentation, personnel qualifications, and invoicing and prior authorization requirements. ~~In order to provide private duty nursing or personal care services, the recipient or responsible party must provide written authorization in the care plan identifying the chosen provider and the daily amount of services to be used at school.~~

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

School districts must secure informed consent to bill for each type of rehabilitative service. For the purposes of this item, "informed consent" means a written agreement, or an agreement as documented in the record, by a recipient or responsible party in accordance with Minnesota Statutes, section 13.05, subdivision 4, paragraph (d) and Minnesota Statutes, section 256B.77, subdivision 2, paragraph (p).

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13.d. Rehabilitative services. (continued)

Covered services must be furnished by the following personnel:

- (1) ~~Audiologists who have a current certification of clinical competence from the American Speech-Language-Hearing Association or have completed the academic program and are acquiring supervised work experience to qualify for the certificate; meeting the requirements in 42 CFR Part 440.110.~~
- (2) ~~Occupational therapists who are currently certified registered by the American Occupational Therapy Certification Board; meeting the requirements in 42 CFR Part 440.110.~~
- (3) ~~Physical therapists who have graduated from a program of physical therapy approved by both the Council on Medical Education of the American Medical Association and the American Physical Therapy Association or its equivalent. Physical therapists must meet state licensure requirements when they are developed. meeting the requirements in 42 CFR Part 440.110.~~
- (4) Speech-language pathologists who:
  - (a) meeting the requirements in 42 CFR Part 440.110;
  - (b) who hold a masters degree in speech-language pathology; and
  - (c) who are licensed by the state as educational speech-language pathologists; and .
- (5) Mental health professionals who have a current Minnesota license as a licensed psychologist, psychiatrist, licensed independent clinical social worker, a registered nurse with a master's degree and certificate from the American Nurses Association as a clinical specialist in psychiatric nursing or mental health; licensed psychological practitioner; or a licensed marriage or family counselor in a community mental health center. Licensed marriage and family counselors are subject to the limitations in item 6.d.A.; therapist with at least two years of post-master's supervised experience.

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13.d. Rehabilitative services. (continued)

(6) Mental health practitioners practicing under the supervision of mental health professionals who:

(a) hold a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and:

(i) have at least 2,000 hours of supervised experience in the delivery of mental health services to children; or

(ii) are fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, complete 40 hours of training in the delivery of services to children, and receive clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;

(b) have at least 6,000 hours of supervised experience in the delivery of mental health services to children;

(c) are graduate students in one of the behavioral sciences or related fields and are formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) hold a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and have less than 4,000 hours post-master's experience in the treatment of emotional disturbance.

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

(7) Physicians who have a current Minnesota license as a physician;

+7+ (8) Registered nurses and licensed practical nurses who have a current Minnesota license as a registered nurse nurses or practical nurse nurses; or

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24.a. Transportation and other services to assure access to covered services: (continued)

- To be eligible for the medical assistance payment rate as a life support transportation, the life support transportation must comply with the following:
  - 1) The provider must be licensed under Minnesota Statutes, §§144.802 and 144.804.
  - 2) The recipient's transportation must be in response a 911 emergency call, police or fire department, or an emergency call received by the provider.
  - 3) The medical necessity of the service must be documented by the state report required under Minnesota Statutes, §144.807.
  - 4) Life support transportation that responds to a medical emergency is eligible for payment for no load transportation only if the life support transportation provided medically necessary treatment to the recipient at the pick-up point of the recipient. The payment is limited to charges for transportation to the point of pick-up and for ancillary services.
- Special transportation is a covered service if the provider receives and maintains a current order by the recipient's attending physician, physician assistant, nurse practitioner, or clinical nurse specialist certifying that the recipient has a physical or mental impairment that would prohibit the recipient from safely accessing and using a bus, taxi, other commercial transportation, or private automobile. This requirement does not apply in the case of transportation of a child receiving EPSDT rehabilitative, or personal care services identified in an Individualized Education Plan.

Such a recipient must not require life support transportation.

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4.b. Early and periodic screening, diagnosis, and treatment services:

- Early and periodic screening, diagnosis and treatment service is a service provided to a recipient under age 21 to detect, prevent, and correct physical and mental conditions or illnesses discovered by screening services, and to provide diagnosis and treatment for a condition identified according to 42 CFR 441.50 and according to section 1905(r) of the Social Security Act.
- Initial and periodic screenings are provided as indicated by the periodicity schedule. Inter-periodic screens are available to recipients based on medical necessity. An EPSDT service can be requested by the recipient or performed by a provider at any time if medically necessary.
- Initial face-to-face and written notifications of recipients are followed up by county agencies with telephone contacts, letters, and/or home visits. Annual or periodic written renotifications may also be supplemented by personal contacts.

The following are in excess of Federal requirements:

- Screened recipients receive a written copy of any abnormal screening findings.

The following health care not otherwise covered under the State Plan is covered for children by virtue of the EPSDT provisions of Title XIX:

**Rehabilitative services as follows:**

1. **Professional home-based mental health services** for children are culturally appropriate, structured programs of intensive mental health services provided to a child who is at risk of out-of-home placement because of the severe emotional disturbance. For purposes of item 4.b., a child eligible for home-based mental health services means a child who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who has an emotional disturbance and who meets one of the following criteria:

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- A. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance;
- B. the child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact;
- C. the child has one of the following as determined by a mental health professional:
  - 1. psychosis or a clinical depression;
  - 2. risk of harming self or others as a result of an emotional disturbance; or
  - 3. psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year; or
- D. the child, as a result of an emotional disturbance, has significantly impaired home, school or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

The services are for the purposes of resolving an acute episode of emotional disturbance affecting the child, reducing the risk of the child's out-of-home placement, reunifying and reintegrating the child into the child's family after an out-of-home placement. The services are provided primarily in the child's residence but may also be provided in the child's school, the home of a relative of the child, a recreational or leisure setting or the site where the child receives day care.

A child (under age 21) is eligible for home-based mental health services, based on the results of a diagnostic assessment conducted or updated by a mental health professional within the previous 180 days. The diagnostic assessment must have determined that the child meets the functional criteria

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

outlined, above, and is in need of home-based mental health services.

The following entities are eligible to provide home-based mental health services:

- A. outpatient hospitals;
- B. community mental health centers;
- C. community mental health clinics;
- D. an entity operated by or under contract to the county to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity;
- E. an entity operated by or under contract to a children's mental health collaborative to provide home-based mental health services. A contracting entity cannot assign any contractual rights or obligations to a third party who is not an employee of the entity.

A provider of home-based health services must be capable of providing all of the components specified below. However, a provider is responsible to provide a component only if the component is specified in a child's individual treatment plan. Component A is covered as a mental health service under items 2.a, 5.a., 6.d. and 9 of this Attachment. Components B and C are covered as professional home-based therapy services.

- A. diagnostic assessment;
- B. individual psychotherapy, family psychotherapy, multiple-family group psychotherapy; and
- C. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the



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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

child's maintaining or re-establishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must:

1. consist of activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;
2. consist of activities which will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan; and
3. promote family preservation and unification, community integration, and reduced use of unnecessary out-of-home placement or institutionalization of eligible children.

To be eligible for MA payment, the provider of home-based mental health services must meet the requirements in items A to F, below.

- A. the service under component B, above, must be provided by a mental health professional skilled in the delivery of mental health services to children and their families.
- B. the services under component C, above, must be provided by mental health professionals and mental health practitioners who are skilled in the delivery of mental health services to children and their families.
- C. the services must be designed to meet the specific mental health needs of the child according to the child's individual treatment plan that is developed by the provider and that specifies the treatment goals and objectives for the child.